

Office of Integrated Surveillance and Informatics Services (ISIS)
Bureau of Communicable Disease Control
Massachusetts Department of Public Health

**Summary of Significant Amendments to 105 CMR 300.000:
Reportable Diseases, Surveillance and Isolation and
Quarantine Requirements**

Effective November 4, 2005

On November 4, 2005, the Massachusetts Department of Public Health's revisions to 105 CMR 300.000: Reportable Diseases, Surveillance and Isolation and Quarantine Requirements became effective. Following is a summary of the principal amendments to the regulations.

1. **300.020: Definitions.** The following terms were added and defined:

Disease. An abnormal condition or functional impairment resulting from infection, metabolic abnormalities, physical or physiological injury or other cause, marked by subjective complaints, associated with a specific history, and clinical signs and symptoms, and/or laboratory or radiographic findings (compare Illness).

Illness. An abnormal condition or functional impairment resulting from infection, metabolic abnormalities, physical or physiological injury or other cause, marked by subjective complaints and clinical signs (compare Disease).

Respiratory Hygiene/ Cough Etiquette. Measures to prevent the transmission of all respiratory infections, that includes covering of the nose/mouth when coughing or sneezing, use and safe disposal of tissues and hand hygiene.

2. **300.100: Diseases Reportable to Local Boards of Health.** The following were added to the list to total seventy-one reportable diseases or conditions:

- glanders
- melioidosis
- typhoid fever
- typhus

3. **300.170: Laboratory Findings Indicative of Infectious Disease Reportable Directly to the Department by Laboratories.** The following were added to the list to total seventy-one reportable infectious agents:

- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Clostridium botulinum*
- *Clostridium perfringens*
- Hemorrhagic fever viruses, including but not limited to Ebola virus, Marburg virus, and other filoviruses, arenaviruses, bunyaviruses and flaviviruses
- *Rickettsia prowazekii*
- *Staphylococcus aureus* enterotoxin producing organisms
- Vaccinia virus
- Variola virus

4. **300.191: Access to Medical Records and Other Information.** A new section was added to formalize for school nurses the authority to obtain immunization records or immunization related information required for school admission from health care providers, without the specific authorization of the child's parent(s) or legal guardian(s), as necessary to carry out the immunization requirements of M.G.L. c.76, s.15. The text is as follows:

(B) School nurses are authorized to obtain from health care providers the immunization records or other immunization related information required for school admission, without the authorization of the child's parent(s) or legal guardian(s), as necessary to carry out the immunization requirements of M.G.L. c.76, s.15. Prior to requesting such records from the provider, school nurses shall make a good faith effort to obtain the information from the child's parent(s) or legal guardian(s) and shall notify them that the information will be obtained from the health care provider pursuant to this section if it is not provided in a timely manner by the parent(s) or guardian(s). For purposes of the Health Insurance Portability and Accountability Act (HIPAA), school nurses are hereby designated as public health authorities and granted authority to obtain immunization information from health care providers in accordance with these regulations in order to monitor and ensure compliance with the immunization requirements of M.G.L. c.76, s.15.

5. **300.193: Surveillance of Injuries Dangerous to Public Health.** A new section was added to authorize the Injury Surveillance Program of the Department of Public Health to collect and/or prepare data on individuals evaluated or diagnosed with specifically listed injuries, as follows:

The Department is authorized to collect medical records and other identifiable information from health care providers and other persons subject to 105 CMR 300.000 *et seq.*, and/or prepare data, as detailed in 105 CMR 300.190 and 105 CMR 300.191, related to the following types of injuries or causes of injuries:

- Assaults or homicides
- Drownings
- Falls
- Fires
- Machinery
- Poisoning, including but not limited to, drug overdose
- Spinal cord injuries
- Strikes by/against another object or person
- Suffocation
- Suicides, attempted suicides, or self-inflicted wounds
- Any mode of transportation
- Traumatic amputations
- Traumatic brain injuries
- Weapons

6. **300.200: Isolation and Quarantine Requirements.** Revisions to the Isolation and Quarantine Requirements were made to reflect current standard practices in infection control, guidelines of the Centers for Disease Control and Prevention and recommendations from other authoritative sources.

For the following diseases, the word “submitted” was changed to “collected” for stool specimens after antimicrobial therapy: amebiasis, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, *E. coli* O157:H7, giardiasis, hemolytic uremic syndrome, salmonellosis, shiga toxin-producing organisms, shigellosis, and yersiniosis.

New and revised text affecting isolation and quarantine requirements are as follows:

Disease	Isolation of Patient	Quarantine of Contacts
Cyclosporiasis (revision)	Food handling facility employees may return to food handling duties after diarrhea has resolved. In certain situations however, food handling facility employees may be required to produce one or two negative stool specimens before returning to food handling duties. If a case has been treated with an antimicrobial, the stool specimen shall not be collected until at least 48 hours after cessation of therapy.	Contacts with diarrhea who are food handling facility employees shall be considered the same as a case and handled in the same fashion. In certain outbreak situations, asymptomatic contacts who are food handling facility employees may be required to produce one or two negative stool specimens. Otherwise, no restrictions.
Diphtheria (revision)	Maintain isolation until two successive pairs of nose and throat cultures (and cultures of skin lesions in cutaneous diphtheria) obtained ≥ 24 hours apart and at least 24 hours after completion of antimicrobial therapy are negative. If there was no antimicrobial therapy, these two sequential pairs of cultures shall be taken after symptoms resolve and \geq two weeks after their onset. If an avirulent (nontoxigenic) strain is documented, isolation is not necessary.	All contacts (both symptomatic and asymptomatic) whose occupations involve handling food must be excluded from that work until two successive pairs of nose and throat cultures obtained \geq two weeks after completion of antimicrobial prophylaxis (if any) and ≥ 24 hours apart are negative. Symptomatic contacts who are not food handlers shall be considered the same as a case until their culture results are negative and they are cleared by the Department. Asymptomatic contacts who are not food handlers must be on appropriate antibiotics and personal surveillance. These requirements may be extended to other contacts who work in high-risk transmission settings, as determined by the Department.
Glanders (new)	No restrictions	No restrictions
Hepatitis A (revision)	Until one week after onset of symptoms or until end of febrile period, whichever is later.	No changes
Melioidosis (new)	No restrictions	No restrictions
Typhus (new)	No restrictions	No restrictions
Varicella (revision)	If vesicles are present, until lesions have dried and crusted, or	Susceptible students or staff in non-health care settings, who are not

Disease	Isolation of Patient	Quarantine of Contacts
	until no new lesions appear, usually by the fifth day (counting the day of rash onset as day zero). If no vesicles are present, until the lesions have faded (i.e. the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.	appropriately immunized or are without laboratory evidence of immunity or a reliable history of chickenpox, shall be excluded from school from the tenth through the 21 st days after their exposure to the case while infectious with rash (not including the prodrome). If the exposure was continuous, susceptibles shall be excluded from the tenth through the 21 st days after the case's rash onset. In high-risk settings, the Department may impose more rigorous exclusion criteria. Neonates born to mothers with active varicella shall be isolated from susceptibles until 21 days of age. Health care workers who are not appropriately immunized or are without laboratory evidence of immunity or a reliable history of chickenpox shall be excluded from work (or isolated) from the tenth day after their first exposure during the case's infectious period (including the prodrome) through the 21 st day after the last exposure during the case's infectious period. Anyone receiving varicella zoster immune globulin (VZIG) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post-exposure.

7. **300.300: Required AIDS Education.** This language was revised to reflect that a pre-marital blood test for syphilis is no longer a requirement in Massachusetts. The text now reads as follows:

(D) All individuals applying for a certificate of intention of marriage pursuant to M.G.L. c. 207, §. 28A shall be given AIDS educational materials which have been developed and distributed by the Department. The Department shall provide the AIDS educational materials to the clerks or registrars responsible for issuing a certificate of intention of marriage pursuant to M.G.L. c. 207, § 28 who shall distribute a copy of the materials to all applicants for a marriage license. Such clerks and registrars shall not be responsible for discussing the AIDS educational materials with marriage license applicants.